

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XGGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishn	nent Addre	ss (nu	mber and street, city, state, zip code)	Telephone Number	Date of Ins (mm/dd/yr)	j	PERMIT #
Owner's A ZOS CA Person in C Shawn Responsible Certified F Durck	ddress wry St Charge Bish le Person's	E-ma	New Albay, 12 47150	Purpose: 1. Routine Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Release Date / c days Summary of Violations: C NC R Menu Type (See back of page) 1 2 3 4 5		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	orrected By
			No violations. All corrections PIC remarked that plan review required prior to expansions.				
Received by (name and title printed):				Inspected by (name and title printed): A.). Ingram (EHS)			
Received by	(signature)			Inspected by (signature):	aj aj	(EH)	
ce:		-	cc:		cc:		